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CONTENTS.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the months of May and June, 1856 . . . 149

MEDICAL NEWS.

Domestic Intelligence.—The Lawrence County Medical Society . . . 158

Dr. Nutt's Proffered Donation to the Philadelphia College of Physicians . . . 159
Medical Staff U. S. Army . . . 159

Foreign Intelligence.—Anomalous Condition of the Nerves of the Shoulder-Joint . . . 159
Shall we have Female Graduates in Medicine? 159

WEST'S LECTURES ON DISEASES OF WOMEN, TWENTY PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the months of May and June, 1856.

Lithotomy.—Number of cases, 5; recovered, 2; died, 3.

Case 1. St. Mary's, Mr. Walton. A man, aged 24, symptoms of stone one year; a mulberry calculus, the size of a pigeon's egg, was removed. Some bleeding occurred afterwards, but it was arrested, and the patient made a good recovery. Case 2. Guy's, Mr. Callaway. A lad, aged 18, admitted in consequence of having passed a piece of French chalk attached to a string down his urethra. It could not be withdrawn, and was believed to be impacted in the prostatic tract. A staff having been passed down the urethra into its membranous portion, Mr. Callaway cut down upon it in the perineum. The string attached to the chalk was divided by the knife, and the foreign body slipped into the bladder. Under these circumstances a narrow inci-

sion in the prostate was made, and an ordinary lithotomy operation performed. The foreign body was entirely seized, and proved to be about an inch and a half in length, and about the thickness of a No. 8 catheter. The patient recovered well. Case 3. The Westminster. A boy, aged 6, in fair health, but who had suffered severely from the symptoms of stone. A lithic acid calculus, the size of a filbert, was removed by the usual operation. Very little bleeding occurred. Symptoms of low peritonitis supervened on the third day, and, in spite of free treatment by opium, death occurred on the sixth. No autopsy was permitted; the wound was sloughy. Case 4. Guy's, Mr. Cock. A man, aged 59, a hair-dresser, from the country. He was of temperate habits, but having suffered from stone for upwards of ten years, was completely worn out by pain, etc. He was in miserable health, and his urine was habitually loaded with pus and mucus. A large stone filled the bladder. The operation was performed at his own urgent solicitation, and almost

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Vol. XIV.—11

without a hope of success. A stone, the size of a goose's egg, was removed without difficulty, and but little bleeding occurred. Its composition was lithic acid, with a thick incrustation of phosphates. The man required an unusually large quantity of chloroform. He never rallied well from the operation, and death took place next day. The autopsy showed a fatty condition of the liver; both the kidneys were destroyed to a great extent by old disease, and were also involved in recent pyelitis, their cavities being filled with muco-purulent fluid, and their structure showing numerous points of pus; the bladder had not been injured in the operation, but its coats were much diseased and in a half suppurating condition. *Case 5. Guy's, Mr. Hilton.* A man, aged 70, in poor health, having suffered from stone for three years. Two lithic acid calculi, each the size of a small damson plum, were removed. The operation was quickly performed, and very little blood was lost. The patient sank into a feeble state, and died on the seventh day. At the autopsy, the viscera generally were in healthy condition. The bladder was small and hypertrophied. The kidneys and ureters were healthy. Some extravasation of blood behind the pelvic fascia. The scrotum was in a sloughy state, apparently from extravasation, and the wound itself was also sloughy, and showed no attempt at granulation.

Lithotomy in the Female.—*Guy's, Mr. Hilton.* A girl, aged 18, in good health, was admitted, stating that she had four months before passed a hair-pin into the urethra. Since the occurrence she had suffered from all the symptoms of a foreign body in the bladder, and these had gradually increased in severity. The pin could be felt by examination per vaginam. In the bladder itself, nothing but a mass of calcareous concretion could be felt. An incision having been made in one side of the urethra, a part of the pin was seized, and being held in position was cut through and extracted, after which, by a little manoeuvring, the other portion was removed without further injury to the viscus. The stone which adhered around it was crushed and removed piecemeal, about two ounces of fragments being taken away. The patient recovered well, but as yet she suffers from some incontinence of urine.

Removal of Foreign Bodies from the Bladder.—*Case 1. Guy's, Mr. Hilton.* A

hair-pin incrustrated by deposit in the bladder of a girl, aged 18. See "*Lithotomy in the Female.*" *Case 2. Guy's, Mr. Callaway.* A piece of French chalk in the bladder of a young man. Extraction by lithotomy. See "*Lithotomy.*" *Case 2. Case 3. The Metropolitan Free, Mr. Hutchinson.* A man, aged 30, was admitted, with the history that he had, three days before, broken a gutta percha bougie into his bladder, the portion left behind being believed to be about three inches in length. He suffered very little irritation; the urethra was quite pervious, but had formerly been the seat of a dilatable stricture. A prolonged attempt was made, by means of forceps constructed for the purpose, introduced into the bladder to seize the foreign body, but without success. The bladder was injected to its utmost capacity. A few hours after this attempt two pieces of catheter passed spontaneously into the urethra, and were removed by carefully squeezing them forwards. They fitted together, and also with the portion from which they had been originally broken, and evidently made up the whole of the missing fragment. The man recovered thenceforth without an ill symptom. The portions had been detained a week in the bladder, and it appeared their escape had been procured by the dilatation to which the urethra had been subjected just before.

Herniotomy.—Number of cases, 17; recovered, 6; died, 11.

Case 1. Guy's, Mr. Hilton. A woman, aged 50, in good health. Hernia femoral, strangulated 72 hours; the size of a hen's egg; sac unopened. The symptoms were severe. In the operation, after division of the stricture, the sac was lifted forward and a portion of gut was distinctly felt to slip up, a portion of omentum however remained irreducible, and as from the history it appeared this had been down for five years past—it was allowed to continue *in situ*. Recovered well. *Case 2. Guy's, Mr. Cock.* A woman, aged 40, feeble and delicate. Hernia femoral; long irreducible; increased in size and strangulated for 5 days. The tumour was large and tense; the abdomen was tender and there were all the symptoms of peritonitis. Previous to her admission a large sinapiem had been applied to the abdomen, but very fortunately no purgative had been given. The sac was not opened, but the stricture having been divided, all its contents were easily returned. The symp-

toms did not cease after the operation, and calomel and opium were accordingly administered. The symptoms of peritonitis ceased as soon as the mouth became sore. On the third day an enema was given, and much scybala brought away. Recovered well. *Case 3.* St. Bartholomew's, Mr. Lawrence. A male infant, aged 13 months. Hernia congenital; strangulated several hours; sac not opened. Recovered well.

Case 4. University College, Mr. Erichsen. A man, aged 31. Hernia inguinal, strangulated four days. The sac was opened and the bowel found so firmly adherent that it could not be reduced. The stricture having been freely divided, the gut was left *in situ*. Some sloughing of the scrotum ensued, but the patient made, notwithstanding, a good recovery. *Case 5.* The London, Mr. Ward. A man, aged 26. Small congenital; limited to the inguinal portion of the cavity of the tunica vaginalis, the body of the cavity being occupied by bloody fluid. Strangulation 48 hours. Symptoms very acute. Sac opened; gut highly inflamed; old and recent adhesions to sac detached. Death in 25 hours from peritonitis, accompanied with diarrhoea. Opiate treatment and ice.

Case 6. St. Mary's, Mr. James Lane. A woman, aged 43. Hernia femoral; strangulated 2 days. Sac opened. On opening the sac a large quantity of fluid escaped, and the protruded bowel returned without any division of the stricture being necessary. *Case 7.* St. George's, Mr. Prescott Hewett. A woman, aged 52. Hernia femoral; strangulated two days. Sac opened. The sac contained small intestine, congested but not inflamed. Recovered. *Case 8.* St. Thomas's, Mr. McMurdo. A woman, aged 36. Hernia femoral; strangulated 3 days or more. The sac was opened, and the bowel found very dark-coloured and lustreless. After division of the stricture it was found that the adhesions were too strong to admit of reduction. The bowel was left *in situ*, and on the following day gangrene having occurred it was opened. The bowels did not act, and the symptoms continued. Death from peritonitis occurred on the 4th day. *Case 9.* St. Mary's, Mr. Lane. A woman, aged 28. Hernia femoral; strangulated 24 hours. Symptoms urgent. The sac was opened and reduction effected. At first, the patient appeared relieved, but symptoms of peritonitis subsequently developed themselves, and death occurred 48

hours after the operation. The post-mortem showed acute peritonitis. *Case 10.* The London, Mr. Adams. A man, aged 66. Hernia inguinal; strangulated two days. Sac opened. Death on the third day. *Case 11.* St. Bartholomew's, Mr. Stanley. A woman, aged 72. Hernia femoral; strangulated 48 hours, the size of a walnut. The sac was opened, and found to contain adherent omentum. No ill symptoms followed the operation, but she gradually sank into a feeble state, and died a month afterwards. *Case 12.* St. Bartholomew's, Mr. Lawrence. A woman, aged 57. Hernia femoral; the size of a walnut, strangulated several days (†). No marked symptoms. Sac not opened. Death on the fifth day. At the autopsy, the gut was found healthy, and the only lesion discoverable was congestion of the lungs. *Case 13.* St. Bartholomew's, Mr. Paget. A sickly ailing woman, aged 37. Hernia femoral; strangulated 6 hours. Sac opened. Death from peritonitis and pleurisy on the sixth day. *Case 14.* The London, Mr. Curling. A woman, aged 57. Hernia umbilical, of large size, and strangulated 6 hours. The sac was opened and found to contain both omentum and intestines. Acute inflammation of the sac followed, and extended to the peritoneum. Death on the fifth day. *Case 15.* Guy's, Mr. Cock. A woman, aged 65. Hernia femoral; strangulated 2 days. Peritonitis existed at the time of the operation. The sac was opened, and its contents, both omentum and intestine, returned. The woman did well for a day, but on the second profuse diarrhoea set in. Opium treatment was pursued, but death followed on the fifth day. No autopsy. Previous to her admission into the hospital, purgatives had been freely given. *Case 16.* St. Bartholomew's, Mr. Paget. A woman, aged 50, admitted with a femoral hernia which had been supposed to be strangulated 3 or 4 days, and for the reduction of which the taxis had been much abused. She had been extremely sick, but from the effect of a dose of castor oil, a slight action of the bowels occurred shortly before the operation. The sac was opened, and nothing found but a portion of healthy omentum. She was very prostrate at the time, but had not the usual symptoms of peritonitis. The sickness continued unabated afterwards, and the bowels did not act. Opium was freely given. Death occurred on the fourth

day. At the autopsy a small perforating ulcer was found near the pyloric orifice of the stomach. There had not apparently been any escape of the contents of the stomach, and the signs of peritonitis were not seen. No bowel had ever been down, and it was evident that the symptoms had from the first been due to the perforation of the stomach, and not to the hernia. *Case 17. Guy's, Mr. Birkett.* A man, aged 43, the subject of oblique inguinal hernia on the left side, was admitted in a state of collapse, although from the patient's account, which was with difficulty obtained, strangulation had not existed more than 13 hours. The bowel was returned by operation, but the man died $3\frac{1}{2}$ hours afterwards. Post-mortem: a large quantity of bloody serum in the peritoneum, and extreme congestion of the intestines generally.

Ligature of Arteries.—Case 1. St. Thomas's, Mr. South. A man, of middle age, was admitted on account of a large tumour, filling the right iliac fossa, and pulsating forcibly. It had been noticed only three weeks, and was rapidly increasing. The thrill was distinct, and there was no doubt as to the aneurismal nature of the disease. The man had suffered paroxysms of intense pain, and was extremely anxious for some measure to be tried. It being evident that the common iliac was enlarged, Mr. South determined to tie the abdominal aorta. The operation was dexterously and quickly performed, the patient being under the influence of chloroform. The patient never rallied well, and, although no symptoms of gangrene in either extremity were apparent, yet he sank and died about forty-two hours after the operation. At the autopsy the ligature was found to have been cleanly placed on the aorta just above its bifurcation. The peritoneum had not been opened. The aneurism, which was spurious, had commenced in the external iliac, and had extended up the side of the common iliac to the level of the fourth lumbar vertebra. The lungs were very much congested.

Trephining of the Skull.—St. George's, Mr. Johnson. A lad, aged 18, was admitted with an extensive compound and comminuted fracture of the skull. The dura mater was torn, and the brain injured. The trephine was used, and the depressed portions of bone removed. Hernia cerebri followed. Death on the fourth day.

Excision of Joints, etc.—Case 1. St.

George's, Mr. Tatum. A lad, aged 19, under care on account of strumous disease of the knee-joint. Excision of the articulating ends of the bones was performed. Death from pyæmia followed. At the autopsy, the cancellous tissue of the tibia was found infiltrated with pus, and there were purulent deposits in several viscera. *Case 2. The Metropolitan Free, Mr. Hutchinson.* A woman, aged 30, in fair health, was admitted on account of a very large tumour, apparently growing from the head of the right humerus. The history was, that the disease had followed a fracture four years ago. There was a large mass of diseased glands below the axilla. The tumour of the humerus overlapped the acromion, and end of clavicle above, and below bulged into the axilla. In many parts it was hard, as if surrounded by bone. Amputation at the shoulder-joint was advised, but the patient obstinately refused to submit. Under these circumstances, Mr. Hutchinson excised the articular head, and about a fourth of the shaft of the humerus. The extremities of the acromion, of the clavicle, and of the coracoid process were removed, in order to give room above; but they were not diseased. The whole mass was considerably larger than an infant's head, and consisted of a myeloid and fibro-plastic tumour, developed both within and externally to the bone. The mass of enlarged glands was dissected out at the same time by a distinct incision. The arm was subsequently kept well up, and the healing progressed most satisfactorily. All was healed at the end of six weeks, excepting one small sinus. The arm, although nearly a third shorter than the other, promised to be a very useful one, and the patient could already use her hand a little. Very soon after the operation one of the cervical glands behind the sternocleidomastoid began to enlarge, and about two months afterwards the disease re-appeared simultaneously at the extremity of the humerus, and in the cellular tissues of the subaxillary region. At present these three distinct growths are rapidly increasing, and all further interference with the disease is hopeless. The woman is in fair health, and able to walk about. *Case 3. St. Thomas's, Mr. Solly.* A woman, on whom several previous operations had been performed for diseased ankle. Some carious bone was gouged out. Doing well. *Case 4. St. Bartholomew's, Mr. Stanley.* A girl,

aged 14, under care on account of diseased tarsus. A free incision was made over the inner aspect, and the opposed surfaces of the calcis and astragalus found to be carious. No bone was removed. Under treatment. *Cases 5 and 6. St. Bartholomew's, Mr. Stanley.* In each of these the olecranon was exposed and gouged on account of superficial caries. Both the patients are men, one aged 54, the other 20. Under treatment. *Case 7. Guy's, Mr. Hilton.* A boy, aged 13, of strumous constitution, and worn down by disease of the elbow-joint. He had been kept to bed, and the limb confined in splints, but with no benefit. The alternative being between amputation and excision, the latter was preferred. The disease had followed a blow with a stick, five months before. The joint was laid open by the T-shaped incision, and the extremities of the three bones cut away. The boy did well afterwards, and is now in improved health and able to walk out; there is still, however, much swelling of the soft parts. *Case 8. St. Mary's, Mr. Walton.* A lad, aged 18, in poor health, who had suffered from disease of the elbow-joint for two years, consequent on a sprain. There had been extensive ulceration of the soft parts, and the suppuration had also been very profuse. An H-shaped incision was practised, and the extremities of the three bones sawn away. Everything has since done remarkably well. The lad is gaining flesh, and the parts are fast healing. *Case 9. University College, Mr. Erichsen.* A child, aged 5, under care on account of diseased elbow-joint. The extremity of the ulna was excised. Unhealthy inflammation followed, and amputation had to be performed, since which the case has done well.

Amputations.—Of the Thigh.—Case 1. St. Bartholomew's, Mr. Paget. A feeble man, aged 20. Diseased knee-joint of three years' duration. Amputation in lower third of thigh. Recovery. *Case 2. The London, Mr. Critchett.* A boy, aged 8, under care on account of scrofulous disease of the knee-joint of two years' duration. Doing well. *Case 3. University College, Mr. Erichsen.* A man, aged 28. Disease of the knee of one year's duration. Amputation. Recovery. *Case 4. University College, Mr. Erichsen.* A man, aged 47. Diseased knee-joint of three years' duration. Amputation. Recovery. *Case 5. St. Mary's, Mr. Ure.* A lad, aged 19, admitted on ac-

count of a severe contusion of the leg. Sloughing followed, and the shaft of the tibia became extensively exposed. His health failing, amputation through the thigh was performed six weeks after the accident, and ten days after an acute aggravation of the inflammation about the leg, in which the knee-joint was also involved. The stump sloughed to a small extent, but a good recovery followed. *Case 6. St. Mary's, Mr. Coulson.* A woman, aged 27, on whom four operations with the gouge had been performed, on account of carious disease in the head of the tibia. The knee-joint had at length become involved; so severe was the constitutional disturbance that amputation through the thigh had to be performed. She remained very feeble some time after the operation, but is now well. The extremity of the bone will probably exfoliate. *Case 7. Guy's, Mr. Birkett.* A cachectic man, aged 48, was admitted on account of suppurative and extensive sloughing of the soft parts of the right leg. The knee-joint was ankylosed. While under care the gastrocnemius sloughed. Amputation through the thigh was performed. The stump sloughed, but the man is now well. *Case 8. Guy's, Mr. Birkett.* An unhealthy woman, aged 32, the subject of necrosis of the right femur, and disease of the knee-joint of two years' duration. Amputation. Recovery. *Case 9. Guy's, Mr. Cock.* A man, aged 32, admitted on account of his leg having been crushed by a railway accident. Primary amputation. Not a bad symptom occurred for two weeks, when suddenly the man had a severe rigor. Symptoms of pyæmia thenceforth developed themselves, and death ensued eight days later. Acute pleuro-pneumonia was discovered at the autopsy. *Case 10. St. Bartholomew's, Mr. Lawrence.* A boy, aged 14, the subject of a tumour in the left calf, of two years' growth; some glands in the popliteal space were diseased. He had not suffered much pain and was in fair health. Amputation was performed, and the tumour found to be a large growth of medullary cancer. Death from pyæmia on the eighteenth day. No autopsy was permitted. *Case 11. University College, Mr. Marshall.* A man, aged 21. Primary amputation on account of compound fracture. Death on the seventh day.

Of the Leg.—Case 12. St. Mary's, Mr. Ure. A woman, aged 68, under care on

account of disease of the ankle-joint following an injury. Amputation. Under treatment. *Case 13.* St. Mary's, Mr. Ure. A man, aged 63, of broken down constitution, under care on account of diseased ankle-joint, the result of injury. Amputation. Under treatment. *Case 14.* St. Bartholomew's, Mr. Stanley. A man, aged 20, in good health, under care on account of diseased tarsal bones after a Chopart's amputation. Amputation in lower third of leg. Recovery. *Case 15.* St. Bartholomew's, Mr. Stanley. A man, aged 41, under care on account of diseased ankle-joint. Amputation. Recovery.

Of the Upper Extremity.—Case 16. Guy's, Mr. Birkett. A delicate looking woman, aged 27, the subject of osteoid tumour involving the bones of the forearm, and of five years' growth. The circumference of the affected forearm was sixteen inches, that of the healthy being six. Amputation through the mid-humerus. Recovery. *Case 17.* The Metropolitan Free, Mr. Hutchinson. A woman, aged 54, of very feeble constitution, whose elbow-joint had been excised four months before. The parts about the joint remained much swollen, and there was still much discharge. Her health failing, amputation through the upper arm was necessitated. Recovery. *Case 18.* University College, Mr. Erichsen. A child, aged 5, for whom resection of the elbow-joint had been performed. Unhealthy inflammation having supervened, amputation through the upper arm was necessitated. Recovery. *Case 19.* University College, Mr. Quain. A woman, aged 35, under care on account of diseased carpus. Amputation through the forearm. Secondary hemorrhage on the seventh day. Recovery. *Case 20.* University College, Mr. Quain. A woman, aged 70, under care on account of disease of the carpus. Amputation through the forearm. Recovery. *Case 21.* St. Thomas's, Mr. Le Gros Clarke. A healthy man, of middle age, had received a severe compound fracture of the right arm, in addition to which he had fractures of several ribs, dislocation of the clavicle, and severe bruising of the left leg. Amputation a little below the shoulder. For a fortnight after the operation he remained in a state of low delirium, and there was no attempt at healing in the stump. A severe attack of secondary hemorrhage then occurred. Under the free use of stimulants, the patient, in spite of

sloughing of the integument, at length recovered. *Case 22.* St. Thomas's, Mr. South. A young man admitted on account of having had his arm smashed by the ramrod of a gun which he was loading. Primary amputation at the shoulder-joint. Recovery. *Case 23.* St. Thomas's, Mr. McMurdo. A boy, aged 13, admitted on account of severe laceration of the forearm and elbow. An attempt was made to save the arm, but the wound doing badly, secondary amputation had to be resorted to ten days after the accident. He gradually sank, and died eleven days after the amputation. *Case 24.* Guy's, Mr. Hilton. A man, aged 27, in good health. Primary amputation through the forearm on account of a crush sustained in a railway accident. Four days after the operation delirium tremens set in, from which he died on the day following. *Case 25.* St. Bartholomew's, Mr. Stanley. A man, aged 49, of intemperate habits, admitted on account of phlegmonous erysipelas of the forearm. Sloughing ensued, and the wrist-joint was opened. Several severe attacks of secondary hemorrhage followed, and for the arrest of these, amputation through the upper arm was performed. Death. *Case 26.* University College, Mr. Erichsen. A man, aged 43. Amputation of arm, on account of diseased elbow. Death from exhaustion on the seventh day.

Removal of Malignant Tumours.—Case

1. Guy's, Mr. Birkett. A woman, aged 31. An epithelial cancer of the left labium pudendi of three months' growth was excised. Recovery. *Case 2.* The Metropolitan Free, Mr. Hutchinson. A woman, aged 50, admitted on account of most extensive epithelial cancer of one year's duration, involving both labia pudendi, the clitoris, and surrounding the upper part of the urethral meatus. Its surface presented a large, deep, sloughy ulcer. In the left groin was a mass of enlarged glands the size of a fist, attached to the skin, but not ulcerated, and lower down in the thigh was a single gland the size of a walnut, and deeply placed to the inner side of the vein. The whole of both labia and their adjacent parts were dissected away, about half an inch of the upper surface of the urethra being exposed. In one part of the wound, the symphysis pubis was all but exposed. The whole of the diseased glands were also removed. The patient had a long convalescence, being much reduced

by the profuse suppuration from the large wounds; but she ultimately recovered well.

Case 3. St. Thomas's, M. Simons. An elderly man. Excision of a small epithelial cancer from the lower lip. Recovered.

Case 4. Guy's, Mr. Cock. A woman, aged 36, under care on account of cancer of the tongue. The tongue had been sore for a year, and a rough tooth was believed to be the irritant cause. The disease involved the tip and left side of the organ, and was easily excised; not much difficulty was encountered with hemorrhage. The part healed well. There were no enlarged glands.

Case 5. Guy's, Mr. Cock. A man, aged 40, a gas worker, much exposed to soot and dirt, was admitted on account of cancer of the scrotum (Chimney-sweep's). Nine years before, a similar growth had been excised by the late Mr. Key. The present one was very large and of six months' duration. The whole was freely excised, and the wound healed well. *Case 6.* St. Bartholomew's, Mr. Lawrence. A man, aged 62. Epithelial cancer of the lip of a year's growth and of small size. Excision. Recovery. *Case 7.* Guy's, Mr. Cock. A man, aged 40, under care on account of epithelial cancer of the lip of four years' duration. Excision. Recovery. *Case 8.* St. George's, Mr. Prescott Hewett. A man, aged 40, under care on account of melanotic tumours in various parts of the body. There were two large ones in the groin, and at the patient's urgent wish, one of these, which was growing rapidly, was excised. The wound healed, but the other tumours continued to increase.

Excision of the Breast, and of Tumours connected with it.—*Case 1.* The London, Mr. Ward. A woman, aged 26. Tumour of large size and very rapid growth, having existed only three months. The gland adhering to it was removed with it. The growth, which was of the mammary glandular class, weighed two pounds and a quarter. It had been developed behind the breast. The wound healed well. *Case 2.* The London, Mr. Cutler. A woman, aged 63, under care on account of a large cystic tumour in the breast. A similar one had been removed three years before. Excision. Recovery. *Case 3.* St. Bartholomew's, Mr. Lawrence. A girl, aged 19. A small mammary glandular tumour was excised. Recovered. *Case 4.* St. Bartholomew's, Mr. Lawrence. A woman, aged

50. The whole breast was removed on account of scirrhus of uncertain duration. Recovery. *Case 5.* St. Mary's, Mr. James Lane. A woman, aged 46. The whole breast was excised on account of scirrhus which had existed twelve months. Recovery. *Case 6.* St. Bartholomew's, Mr. Stanley. A woman, aged 62, under care on account of a scirrhus tumour of small size and of eighteen months' duration. Excision. Recovery. An enlarged gland in the axilla existed, but was not removed. *Case 7.* St. Bartholomew's, Mr. Stanley. A woman, aged 50, who had been subjected to several previous operations. From her left breast scirrhus tumours had twice previously been excised, and from her right two of cystic character. On the present occasion a recurrent scirrhus mass the size of a nut was excised from the left, and one of cystic character the size of half an orange from the right. Under treatment. *Case 8.* St. Thomas's, Mr. Solly. A woman, aged 44. The whole breast was excised on account of a large growth of very suspicious character. Recovered. *Case 9.* St. Thomas's, Mr. McMurdo. A woman, aged 39. The whole breast was removed on account of scirrhus. Recovered. *Case 10.* University College, Mr. Erichsen. A woman, aged 46. The breast was excised on account of scirrhus of a year's growth. Recovered.

Amputation of the Penis.—*Case 1.* University College, Mr. Erichsen. A man, aged 64. The subject of ulcerated cancer of the glands. The whole organ was removed, the urethra being divided further forwards than the rest of the part, and its mucous membrane afterwards stitched to the skin to prevent retraction. Recovery.

Tracheotomy.—*Case 1.* St. Bartholomew's, Mr. Paget. A woman, aged 31, admitted on account of syphilitic ulceration of the larynx and pharynx. Great difficulty of breathing existed, and gradually increased to such an extent that tracheotomy had to be resorted to. Inability to swallow afterwards occurred, and the patient required to be fed with the stomach pump. Death from exhaustion seven days after the operation. *Case 2.* The Metropolitan Free, Mr. Hutchinson. A boy, aged 3, an out-patient, suffering from croup. Difficulty of breathing gradually increased, and for twenty-four hours before the operation suffocation had appeared constantly imminent. When seen for the first time by Mr. Hutchinson, on the

eighth day of the disease, he was too ill to permit of any delay, or to allow even of his removal to the hospital. The operation was accordingly performed at his own home. Just before its completion he became deadly pale, and both respiration and pulse quite ceased. The tube having been inserted, the operator sucked up a large quantity of thick mucus which clogged the trachea, and then continued artificial respiration. In a minute or two there were signs of returning life, and a quarter of an hour afterwards the boy was breathing tranquilly. Complete relief was afforded by the operation, and he passed a comfortable night. On the following day, about sixteen hours after the operation, great dyspnoea again suddenly occurred, and in the time that was lost in seeking for surgical assistance, the child died. The tube was found blocked by a plug of mucus as tightly as if it had been corked. *Case 3.* The Hospital for Sick Children. A girl, aged 14 months, admitted May 22, with croup, which had commenced the day previous. The state of the child did not permit of any active remedies being employed. Tracheotomy was performed by Mr. Chippendale, the House-Surgeon, but the child died convulsed thirteen hours afterwards. On examination, false membrane was seen to extend down to the third division of the bronchi.

Operations for the Removal of Necrosed Bone.—Twelve operations of this class have been performed, and in all of them with good results.

Removal of Non-Malignant Tumours.—

Case 1. University College, Mr. Erichsen. A woman, aged 23. A large tumour, of innocent nature, was excised from the axilla. Recovery. *Cases 2, 3, 4, and 5.* In these cystic tumours of considerable size were excised from different parts of the body. In all the wounds healed well. *Case 6.* Guy's, Mr. Cock. A man, aged 40. Excision of an epulis from the gum. Recovery. *Case 7.* St. Bartholomew's, Mr. Paget. A woman, aged 50, under care on account of a large pendulous tumour growing from the upper part of the thigh, and attached by a narrow pedicle. It was ulcerated in one part and had existed for sixteen years. Excision. Recovery. It proved to be fatty and cellular in structure. *Case 8.* St. Bartholomew's, Mr. Paget. A woman, aged 23, under care on account of a fibroid recurrent tumour in front of the thigh, which had

been excised eighteen times during the last ten years. Mr. Paget made a very free dissection, exposing the sheath of the femoral vessels and removing carefully all the tissues adjacent to the morbid growth. The wound left was a very large one. Under care. (This case is the same as one repeatedly mentioned in former reports as the subject of many operations in Guy's Hospital.) *Cases 9, 10, 11, and 12.* In these fatty tumours, some of large size were removed. In all the patients did well. *Case 13.* St. Bartholomew's, Mr. Lawrence. A man, aged 35. The tumour was situated over the parotid gland, and was supposed to be itself glandular. After excision it was found, however, to be muscular and to be connected with the masseter muscle. Recovered. *Case 14.* Guy's, Mr. Cock. A woman, aged 33, in good health, from whose foot a fibro-plastic tumour had been removed three years ago. The scar had remained sound for about two years and a half, but during the last six months a returned growth had been gradually increasing. It was about the size of a walnut, and on excision proved to be connected with the flexor tendon of the great toe. Recovered. *Case 15.* Guy's, Mr. Cock. A woman, aged 22, admitted on account of a tumour, the size of a swan's egg, behind the thigh. It had existed a year, having caused much pain, and resisted all treatment. Puncture with a grooved needle proved it to be an hydatid cyst. A free incision was then made, the contents evacuated, and the parent cyst removed. Recovered. *Case 16.* Guy's, Mr. Cock. A woman, aged 47. Tumour, a small mammary glandular one, connected with the breast, and about the size of a pigeon's egg. Excision. Recovery. *Case 17.* Guy's, Mr. Birkett. A boy, aged 10, under care on account of a fibrous tumour of congenital origin, connected with the metatarsal bone of the right thumb. Excision. Recovery.

Removal of a Fetal Abnormality.—A male infant, aged 10 months, was admitted into Guy's, under the care of Mr. Cock, on account of a large tumour developed in connection with the pelvic bones, and projecting on the surface of the abdomen. Its circumference was six inches, and it was slightly movable. The infant was in other respects well formed. It was increasing rapidly in size. Mr. Cock exposed its surface, and finding that it passed too deeply for its complete removal to be effected,

placed a ligature round its base, on a level with the abdominal muscles, and then excised the larger part. It proved to be the remains of a foetal development, probably of another child, and consisted in part of bone surrounded by cartilage. The infant recovered well, and there are as yet no signs of a second growth.

Removal of the Testis.—*Case 1.* Guy's, Mr. Hilton. A man, aged 22, in good health, until within the last two years. For two years the left testis had been gradually increasing in size, and an abscess had formed, which had left a small sinus leading into the gland. Excision of the whole was performed. The gland was found infiltrated with tubercular deposit, which choked the tubes. The head of the epididymis was especially affected, and in some parts the gland structure remained sound. *Case 2.* University College, Mr. Erichsen. A man, aged 40, under care on account of strumous disease of the testis of some years' duration. Excision of the gland. Recovery.

Ligature of Arteries.—*Case 2.* Guy's, Mr. Cock. A man, aged 35, of very intemperate habits, admitted on account of a compound fracture of the leg. The ends of the protruding bones were cut away, and reduction effected. Secondary hemorrhage occurred on three successive days, and the man sank into a state of typhoid debility. Four days after admission, Mr. Cock exposed the posterior tibial artery, and tied it above and below the wounded spot. The artery had been exposed from before by the removal of six inches of the shattered tibia. The man was too ill to bear it, or amputation would have been performed. Death took place on the eighth day after the accident.

Excision of Bones, etc.—*Case 10.* Guy's, Mr. Hilton. A boy, aged 7. Almost the whole of the os calcis was removed, by incisions on its outer side. It was loose, and in a state of necrosis. The epiphyses were left, and also a fair shell of new bone. Healing has progressed satisfactorily since the operation.

Operations for Urethral Stricture.—*Case 1.* University College, Mr. Erichsen. A man, aged 45, for twenty years the subject of an intractable stricture. An operation for its cure had been performed fifteen years ago, but had not been successful. A grooved staff having been introduced, Mr. Erichsen divided upon it a long and very

tight stricture. The man did well afterwards. The wound is now quite healed, and No. 11 can be easily passed. *Case 2.* St. George's, Mr. Hawkins. A middle-aged man, under care on account of an impassable stricture, with perineal fistula. A staff was passed down to the stricture, and its point having been cut down upon, the latter was divided. A catheter was subsequently introduced into the bladder. The patient is doing well. *Case 3.* Guy's, Mr. Cock. A man, aged 38, the subject of old-standing stricture and of numerous perineal fistulae. A small staff was passed through the stricture, and perineal section performed. Doing well. *Case 4.* St. Mary's, Mr. Coulson. A man, aged 30, for three years the subject of stricture. The smallest instruments could with difficulty be passed. There were fistulae in the perineum. Syme's staff having been introduced, perineal section was performed. The wound is now all but healed, and a No. 8 is easily introduced.

Puncture of Spina Bifida.—The Metropolitan Free, Mr. Hutchinson. A male infant, aged 7 months, under care on account of a large spina bifida over the junction of the lumbar and sacral vertebrae. The child was well grown and in good health. The tumour was the size of a fist, and the skin over it was extremely thin. The measures of treatment at first adopted consisted in the employment of a gutta percha cup, so padded as to somewhat compress the tumour. For some weeks the child did well, and the tumour appeared to diminish; subsequently, however, the signs of cerebral irritation were developed, and the head began to increase in size. The child had repeated convulsive seizures. At the same time, the dorsal tumour became full and tense. To obviate its giving way, and in the hope of determining away from the head, puncture of the tumour was now performed. A very minute trocar was employed, about eight ounces of clear serum drained away, and the puncture allowed to close. The symptoms of cerebral irritation were not materially increased after this procedure, but the child continued to be very restless, and to have convulsions at frequent intervals. Some improvement had appeared to be taking place, when suddenly, on the tenth day after the operation, death took place in a violent convulsion. At the autopsy, the cyst was found to contain several ounces of thick creamy pus, which also passed into the adjacent part of

the theca vertebralis. Flakes of lymph adhered to the arachnoid lining, and acute inflammation had evidently existed.

Plastic Operations.—Hare-lip.—In three cases operations for the cure of single hare-lips have been successfully performed.

For Ruptured Perineum and Prolapsus Uteri.—St. Mary's, Mr. Baker Brown. In three cases of this kind Mr. Brown performed the usual operation of paring the edges, and uniting them across by the quilled suture, in all with a favourable result.

For Cleft Palate.—St. Thomas's, Mr. Solly. A girl, aged 12, with cleft of the soft palate. The usual operation was performed, but the sutures sloughed out, and no union resulted.

Ligature of Varicose Veins.—A woman, under the care of Mr. Walton, in St. Mary's, on account of very large varices on the outside of the leg and thigh, which had almost disabled her from going about. Ligature, by means of needles passed under the trunks, and silk twisted over them, was performed. The needles were allowed to ulcerate out. Doing well.—*Med. Times and Gaz.*, August 9, and September 6, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Lawrence County Medical Society.—This society met pursuant to adjournment, in the lecture-room of the Associate Reformed Presbyterian Church, the President, Dr. J. S. Cossit, in the chair.

The minutes of the last meeting were read and approved.

Reports of committees and delegations being in order, Dr. Leasure reported from the Delegates to the State Medical Society, that he alone of the delegates had attended the meeting of the State Society at its late session, in Philadelphia, in May last, and that he had, in the absence of a regular report from the County Society, reported on his own responsibility on the "Endemic-epidemic Topography of Lawrence County," illustrated by a map, both of which would be embodied in the forthcoming volume of the *Transactions* of the society. Reported accepted.

Dr. Marks, of New Bedford, was admitted to membership.

The Committee on Fee Bill reported progress, and was continued.

Dr. A. P. Dutcher, of Enon, reported a case of death from heart clot, masked by symptoms of violent cramp colic. In this case the clot was discovered on *post-mortem* examination, and had probably existed for some time previous to the final attack.

Dr. D. also incidentally reported another case of death from the same cause, occurring in a woman ten days after a healthy labour, induced by syncope without hemorrhage.

Dr. Leasure, of New Castle, reported a case of sudden death from pulmonary apoplexy occurring in a woman in the eighth month of pregnancy, from being suddenly taken out of a warm bed and exposed to a cold draught, and placed in a cold bed contrary to his express injunctions to the nurses.

Dr. Hall, of Harlansburg, reported a case of the death of a child from cerebral effusion, occurring while the patient was apparently convalescing from an acute attack of putrid sore-throat.

Dr. Hezlep, of Pulaski, reported a case of death occurring in a woman 35 years of age, on the fourth day after healthy labour, with her second child, with sudden paralysis of the right side passing gradually into apoplexy. In this case there were no premonitory symptoms, and the fatal issue probably resulted from rupture of a bloodvessel, or white softening of the brain.

Dr. Leasure, of New Castle, reported a case of death from scirrhus of the stomach, together with the autopsy in which the absence of vomiting in the early stages, or vomiting of the ingesta during the progress of the case, was accounted for on the *post-mortem* by finding the pylorus permanently and rigidly open, from the action of the hardened deposition around it.

An interesting and spirited discussion arose on the nature and treatment of epidemic erysipelas, which was participated in by Drs. Cossit, Dutcher, Hezlep, Hall, and Leasure.

The reports on puerperal disease were postponed till the next meeting, owing to the lateness of the hour at which they were called up.

A committee, consisting of Dr. A. P. Dutcher, of Enon, and Dr. S. M. Hamilton, of New Castle, was appointed to prepare the county report to the State Society, and the members were furnished with blank

forms to be filled and placed at the disposal of the committee.

Adjourned to meet on the first Tuesday of December, to finish business necessarily laid over.

J. S. COSSIT,

D. LEASURE, Sec'y. Pres't.

NEW CASTLE, PA., Sept. 9, 1856.

List of Officers and Members.

President.—James Cossit, of New Castle.

Vice-President.—H. Hall, of Harlansburg.

Secretary and Treasurer.—D. Leasure, of New Castle.

Censors.—Drs. G. W. Wallace, of New Castle; W. Hezlep, of Pulaski; and A. P. Dutcher, of Enon.

Members.—Jas. Cossit, A. M. Cowden, J. W. Wallace, J. H. M. Peebles, T. B. Amberson, Wm. Shaw, S. M. Hamilton, D. Leasure, of New Castle; A. P. Dutcher, of Enon; W. G. Randolph, of Princeton; G. M. Coulter, of Eastbrook; D. B. Marks, of New Bedford; H. Hall, of Harlansburg; W. B. Hezlep, of Pulaski; J. Mitcheltree, of Edinburg; F. Taylor, of Mount Jackson.

Dr. Mutter's Proffered Donation to the Philadelphia College of Physicians.—In our number for July last, p. 112, we mentioned the offer made by Dr. Mutter, to present to the College his pathological cabinet, and at his death to endow it with thirty thousand dollars on certain conditions. The College, after due consideration, accepted the trust; but we regret, on Dr. Mutter's account, to have now to announce that he has failed to carry out the offer he had made.

Medical Staff U. S. Army.—A Medical Board, to consist of Surgeons C. A. Finley, S. G. J. Decamp, and J. J. B. Wright, will assemble at St. Louis, Mo., on the 1st of November, 1856, for the examination of applicants for admission into the Medical Staff of the U. S. Army. Applications must be made to the Secretary of War.

FOREIGN INTELLIGENCE.

Anomalous Condition of the Nerves of the Shoulder-Joint.—Two cases, not very striking in themselves, but eminently practical, and bearing at first sight some resemblance

to each other, have occurred during the week. One patient was affected with what seems paralysis of the shoulder, or paralytic inability to lift the arm in the least—a condition quite ruinous to him as a labourer, as he cannot exert himself in any business. He suffered, according to the history of the case, some slight injury of the joint a long time ago, requiring him to lie in bed; but that had all gone, leaving this paralysis. Mr. WORMALD, under whose care he now is, conceived that there was a paralyzed condition of the musculo-spiral or circumflex nerve, the largest branches of the brachial plexus. The former winds round the shaft of the humerus, giving large branches to the triceps and insertion of the deltoid. The circumflex nerve passes over the border of the subscapularis, and winds round the neck of the humerus, then supplies the deltoid and shoulder-joint. This paralyzed condition of these nerves is often found under these circumstances; and Mr. Wormald proposed to treat the case on that view. The poor man had come up a long distance from the country, where it was pronounced incurable. By means of galvanism, liniments, and working the shoulder about, not keeping it, as is usual, in a sling, a great variety of such patients are cured in Bartholomew's and other hospitals.

In a second case (Mary L., aged 24 years), under the care of Mr. CURLING, at the London Hospital, there is an exactly opposite condition of the articulation and nerves, for which there is no assignable cause. The case, in fact, appears to be one of hyperæsthesia or neuralgia of these nerves, causing excessive sharp pain, and also complete inability to exert the proper motions of the arm. The only history the patient can give is, that the disorder came on spontaneously, or rather six months after her confinement, though it did not seem connected with the latter in any manner that she could trace. Mr. Curling here ordered *local anæsthesia* to be tried, by a peculiar combination used at the London Hospital, a mixture of chloroform and iodine. She was also ordered compound iron mixture, as an alterative; and is now improving.—*Assoc. Med. Journ.*, Sept. 20, 1856.

Shall we have Female Graduates in Medicine?—We thought Bloomerism was dead, or at least confined to strong-minded ladies on the other side of the Atlantic. A cir-

cumstance has occurred, however, within these last few days, which convinces us that some of our own fair country-women think short skirts and trousers, if they use none. An English lady—age not known—has actually knocked at the council-chamber of the Senate of the University of London, and put the question point-blank, "Have you the power to make me a Bachelor of Medicine?" We can fancy the consternation the venerable senators were thrown into by this bold interrogation. Had we more wit, perhaps we could give an "Imaginary Conversation" of the discussion which thereupon ensued—the "dodge" suggested to keep out the point of the wedge—the bland speeches rehearsed in order to turn the lady from the door with all due civility—the very misgivings of some of the councillors, that the innovation of *Female Bachelors* would not be so insupportable after all, muttered in the words of Tennyson's *Princess*—

"Pretty were the sight,
If our old halls could change their sex, and flaunt
With prudes for proctors, dowagers for deans,
And sweet girl graduates in their golden hair."

Whatever may have passed in Council we know not. The Senate, not liking to say the uncivil thing of their own accord to the lady, have taken "the opinion of counsel," and it has gone forth that in London at least the University cannot make a bachelor out of a maid.

Miss White, however, need not despair. A fair country-woman has already taken the degree of Doctor in the United States, and is now, we understand, in full practice. "How did she obtain it?" all our associates will ask. Did she attend lectures, use the dissecting-knife, sit for months beside the dead body, male as well as female, and witness those awkward demonstrations which sometimes take place in the midst of an admiring crowd of "young sawbones?" How do they manage these things in America? Have they ladies' days and gentlemen's days in Brother Jonathan's hospitals, as they have here in some of the public anatomical museums, where the waxen Florentine Venus is dissected before gaping crowds? All these questions press upon us when we read of the rise of the female "faculty" on the other side of the Atlantic. We are advocates for a far higher scheme of education for woman than as yet obtains among us; and we have a splendid

example in Mrs. Somerville, of the fact that some ladies are capable of following scientific pursuits with the best of us. Such exceptions are, however, to be taken as only proving the rule that the affectionate, and not the intellectual faculties are best cultivated by women. We know it will be said that in one branch of our art, women have long laboured with success. In continental towns the obstetric art is almost entirely in the hands of the *sage femme*; while, in France, Mme. Boivin ranks as a high authority. But we, in England, answer, that exactly as the art has gradually ennobled itself to a science, so the mere midwife has given way to the obstetrician. The other sex are the first in fact to repudiate the assistance of females, and "we shall have no confidence in them" is the almost universal expression of their disdain when petticoated doctors are mentioned.

We have not been informed what is the exact line of practice followed by our fair American co-labourers in the domain of medicine. Surgery they can scarcely follow; for, like Rosalind, they would faint, we should fancy, at the very sight of blood. Psychological medicine would appear to open the best field for the exercise of their soothing influence; but when we remember that the fair sex are at the bottom of so much of the actual madness of the world, we fear the new instruments of cure will prove worse than the disease—unless, indeed, we admit the homœopathic doctrine of "*similia similibus curantur*." Come what will, we fancy that the curative art, from the very nature of its preliminary study, must, in England at least, remain a sealed book to the ladies; or if they attempt the cure of disease, it must be as "*mediums*," spirit-rappers, mesmerisers, etc., in which wide field their hysterical tendencies may have, perhaps, a certain influence over the like weaknesses of their own sex. In the grand success of the English lady nurses in the Crimean hospitals, we see the true vocation of women. The tender hand, the tenderer voice, the thoughtful mind, the subtle interpretation of the heart's hidden wishes, these belong to woman; and in seeking to forego them for the sterner duties of the surgeon or physician, she belies her nature, and runs counter to her best instincts and aptitudes.—*Assoc. Med. Journ.*, Aug. 2, 1856.